


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90069 001 \*\*\*\*61.25

**DOCUMENT # 715974**  
1. Entity Name  
**THE IMPERIAL RADIO CONTROL CLUB, INC.**



Principal Place of Business  
**PO BOX 6662  
LAKELAND FL 33807**

Mailing Address  
**PO BOX 6662  
LAKELAND FL 33807**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **51-0205427**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**ZELLARS, MICHAEL  
4523 HILLMAN LN.  
LAKELAND FL 33813**

**7. Name and Address of New Registered Agent**

Name **David DeWitt**

Street Address (P.O. Box Number is Not Acceptable)  
**4616 Mt. View Drive**

City **Lakeland** **FL** Zip Code **33813**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **David DeWitt** *David DeWitt* DATE **5/2/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEES \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUNDEY, WALLACE</b> <b>223 SYLVIA CIRCLE</b> <b>LAKELAND FL 33813</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MILLER, W.D.</b> <b>86 SHADOW LN.</b> <b>LAKELAND FL 33813</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SKINNER, NORMAN</b> <b>117 WOODSIDE DR</b> <b>LAKELAND FL 33813</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NUNNALLEE, JIM</b> <b>300 NE THIRD ST.</b> <b>FORT MEADE FL 33841</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ZELLARS, MICHAEL</b> <b>4523 HILLMAN RD</b> <b>LAKELAND FL 33813</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>URICK, JIM</b> <b>6007 DOE CIRCLE E.</b> <b>LAKELAND FL 33809</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>David DeWitt</b> <b>4616 Mt. View Drive</b> <b>Lakeland, FL. 33813</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Scott Smith</b> <b>302 Estrella Way</b> <b>Auburndale, FL. 33823</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Keith Hunt</b> <b>1700 S. Webster Ave.</b> <b>Lakeland, FL. 33803</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Jim Urick</b> <b>6007 Doe Circle East</b> <b>Lakeland, FL. 33809</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Arnold Schmidt</b> <b>3740 Emerald Lane</b> <b>Mulberry, FL. 33860</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Charlie Patterson</b> <b>928 Forest Lake Drive</b> <b>Lakeland, FL. 33809</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David DeWitt** *David DeWitt* DATE **5/3/03**

CR2E037 (10/02)